



750 Memorial Drive  
Danville, VA 24541  
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## The Urban Farm Volunteer Release Form

### Voluntary Participation

I acknowledge that I have voluntarily agreed to assist God's Storehouse with their mission to provide food to hungry individuals in Danville & Pittsylvania County. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by God's Storehouse, and that I will not be eligible for any Workers Compensation benefits.

### Liability Release

In consideration of the opportunity afforded me to assist God's Storehouse, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against God's Storehouse, its affiliated organizations, officers or directors collectively or individually, any of the volunteer workers, or any of God's Storehouse's clients, for any physical or emotional injury or damage to my property, however caused, arising from my participation in its mission. Without limiting the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from my physical or emotional injury, or damage to my property, sustained in connection with my participation at God's Storehouse.

### Media Release

I consent to the unrestricted use by God's Storehouse and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me taken in conjunction with my service to God's Storehouse.

### Volunteer/Parent/Guardian Acknowledgement

I understand that activities at the farm, including but not limited to agricultural recreational activities, carry certain inherent risks, including but not limited to:

- A. The nature of the activity, including but not limited to the equipment used and the location where the activity is conducted;
- B. The type and complexity of equipment used by participants;
- C. Malfunctions with equipment used by participants;
- D. Health complications resulting from dehydration, fatigue and exposure to the elements such as sun or heat

### Please Complete the Following Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I HAVE NEVER BEEN CONVICTED OF AN ACT OF VIOLENCE, HARASSMENT, SEXUAL MISCONDUCT OR IDENTITY THEFT. I understand that if I have been convicted of one of these offenses I am not permitted to volunteer.

I have had the opportunity to read and understand the release form and acknowledge that by signing below, I am waiving certain legal rights in the event of injury. I accept and agree to the terms contained herein.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Your Email Address: \_\_\_\_\_  Yes, I would like to receive GSH emails